



# LASIK Eye Surgery

## LASIK Surgery Checklist

Know what makes you a poor candidate

- ☐ Career impact - does your job prohibit refractive surgery?
- ☐ Cost - can you really afford this procedure?
- ☐ Medical conditions - e.g., do you have an autoimmune disease or other major illness? Do you have a chronic illness that might slow or alter healing?
- ☐ Eye conditions - do you have or have you ever had any problems with your eyes other than needing glasses or contacts?
- ☐ Medications - do you take steroids or other drugs that might prevent healing?
- ☐ Stable refraction - has your prescription changed in the last year?
- ☐ High or Low refractive error - do you use glasses/contacts only some of the time? Do you need an unusually strong prescription?
- ☐ Pupil size - are your pupils extra large in dim conditions?
- ☐ Corneal thickness - do you have thin corneas?

Know all the risks and procedure limitations

- ☐ Overtreatment or undertreatment - are you willing and able to have more than one surgery to get the desired result?
- ☐ May still need reading glasses - do you have presbyopia?
- ☐ Results may not be lasting - do you think this is the last correction you will ever need? Do you realize that long-term results are not known?
- ☐ May permanently lose vision - do you know some patients may lose some vision or experience blindness?
- ☐ Development of visual symptoms - do you know about glare, halos, starbursts, etc. and that night driving might be difficult?
- ☐ Contrast sensitivity - do you know your vision could be significantly reduced in dim light conditions?
- ☐ Bilateral treatment - do you know the additional risks of having both eyes treated at the same time?
- ☐ Patient information - have you read the patient information booklet about the laser being used for your procedure?

Know how to find the right doctor

- ☐ Experienced - how many eyes has your doctor performed LASIK surgery on with the same laser?
- ☐ Equipment - does your doctor use an FDA-approved laser for the procedure you need?
- ☐ Informative - is your doctor willing to spend the time to answer all your questions?
- ☐ Long-term Care - does your doctor encourage follow-up and management of you as a patient? Your preop and postop care may be provided by a doctor other than the surgeon.
- ☐ Be Comfortable - do you feel you know your doctor and are comfortable with an equal

exchange of information?

Know preoperative, operative, and postoperative expectations

- ☐ No contact lenses prior to evaluation and surgery - can you go for an extended period of time without wearing contact lenses?
- ☐ Have a thorough exam - have you arranged not to drive or work after the exam?
- ☐ Read and understand the informed consent - has your doctor given you an informed consent form to take home and answered all your questions?
- ☐ No makeup before surgery - can you go 24-36 hours without makeup prior to surgery?
- ☐ Arrange for transportation - can someone drive you home after surgery?
- ☐ Plan to take a few days to recover - can you take time off to take it easy for a couple of days if necessary?
- ☐ Expect not to see clearly for a few days - do you know you will not see clearly immediately?
- ☐ Know sights, smells, sounds of surgery - has your doctor made you feel comfortable with the actual steps of the procedure?
- ☐ Be prepared to take drops/medications- are you willing and able to put drops in your eyes at regular intervals?
- ☐ Be prepared to wear an eye shield - do you know you need to protect the eye for a period of time after surgery to avoid injury?
- ☐ Expect some pain/discomfort - do you know how much pain to expect?
- ☐ Know when to seek help - do you understand what problems could occur and when to seek medical intervention?
- ☐ Know when to expect your vision to stop changing - are you aware that final results could take up to months?
- ☐ Make sure your refraction is stable before any further surgery - if you don't get the desired result, do you know not to have an enhancement until the prescription stops changing?

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